

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 012396	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/22/2011
NAME OF PROVIDER OR SUPPLIER RITTENHOUSE SENIOR LIVING OF PORTAGE			STREET ADDRESS, CITY, STATE, ZIP CODE 6235 STERLING CREEK RD PORTAGE, IN 46368		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
R 000	<p>INITIAL COMMENTS</p> <p>This visit was for the Investigation of Complaint IN00101090.</p> <p>Complaint IN00101090 - Substantiated. No deficiencies related to the allegation are cited.</p> <p>Survey dates: December 20, 21 & 22, 2011</p> <p>Facility number: 012396 Provider number: 012396 AIM number: NA</p> <p>Survey team: Kathleen (Kitty) Vargas, RN-TC Janet Adams, RN (December 21, 2011)</p> <p>Census bed type: Residential: 38 Total: 38</p> <p>Census payor type: Other: 38 Total: 38</p> <p>Sample: 11</p> <p>Rittenhouse Senior Living of Portage was found to be in compliance with 410 IAC 16.2 in regard to the Investigation of Complaint IN00101090.</p> <p>Quality review completed on December 22, 2011 by Bev Faulkner, RN</p>	R 000			

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TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

SVNW11

If continuation sheet 1 of 1